



RELEASE FORM FOR RECREATIONAL SWIMMING

Date: _____

Client Name: _____ Phone: _____

Pet's Name: _____ Age: _____ Sex: _____

Date of Last Physical Exam: _____ Date Last Rabies Vaccine Was Given: _____

Referring DVM: _____ Phone: _____

Referring Clinic: _____ Fax: _____

Does this pet have any history of arthritis, lameness or orthopedic surgery? YES / NO

If YES, please describe:

Does this pet have a history of aggression to people or other dogs? YES / NO

Please sign below acknowledging that:

- To the best of my knowledge, I find no apparent clinical signs of illness nor any contraindications for recreational aquatic exercise at this time.
- This pet has no known past medical conditions that would preclude swimming exercise.
- I understand that this program is for recreational use only and is **not** intended to have any therapeutic benefit.

Signature of DVM: _____

**Please provide current vaccine certificate
via fax (610.865.4190) or email (info@animaltherapycenter.com)**